

RICHARD M. ARMSTRONG - Director

## HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

March 20, 2009

Hope Developmental Center Administrator, Jeanne Weber 3110 Cleveland Blvd, Ste B7 Caldwell, ID 86605-0721

Dear Ms. Weber,

Thank you for submitting the Hope Developmental Center Plan of Correction dated 3/16/2009. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, your agency has been issued a full one (1) year certificate effective from January 28, 2009 through January 28, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than April 30, 2009. You may submit supporting documentation as follows:

Fax to: 208-364-1811

Email to: fadnessr@dhw.idaho.gov

Mail to: Medicaid DDA Survey and Certification

PO Box 83720

Boise Idaho 83720--0036 Or deliver to: 3232 Elder Street, Boise.

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness
Program Supervisor
DD Survey and Certification

Submit by Email

Print Form

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**Statement of Deficiencies** 

Developmental Disabilities Agency

Hope Developmental Center

3110 E Cleveland Blvd Ste B7 Caldwell, ID 83605-0721

(208) 459-8558

Survey Type:

**3HOPE007** 

Follow-up

**Fatrance Date:** 

1/12/2009

Exit Data:

1/15/2009

Initial Comments:

This visit was a follow-up to the recertification survey of July 7, 2008.

Survey Team members: Rebecca Fadness, Program Supervisor; Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist

Observations:

It appears that a vast number of improvements in processes, recording and monitoring have occurred since our last visit. Plans are much more congruent and seem more suited to each individual.

Participant #1 and #2 were observed at the Developmental Center. Participant #2 was engaged in an arts and crafts scenario during her adult day care schedule. She seemed to enjoy that scenario very much. Staff rotated attention around the group very effectively. Participant #1 was engaged in learning money concepts by working on 'dollar over' training. Staff ran the program as it was written and did a good job keeping her focused on the task. Intermittently, staff also did mock training on behavioral issues as to what should she do, if upset. Two other participants were briefly observed. Participant #8 was working on making a model representation of what the staff had set-up. Participant #7 was briefly observed working on the computer in which staff explained that she was writing a summary about pictures she had picked out. Neither of these last two observations appeared to be functional to developmental needs.

We also observed Participant #4 at Shopko with another participant and one staff member. Staff noted that he was working with participant #4 on constructing sentences of 4-5 words and increasing the volume of her voice. When asked by a Shopko employee if they needed assistance, the staff replied for both of them. We also only heard one opportunity for her to construct longer sentences in a 30 minute period.

Rule Reference/Text		Plan of Correction (PBC)
16 04 11 300 06 b	Enforcement Process	2/10/09 These plans are in process of revision and will be sent to
06. Failure to Comply. The Department may impose one (1) or more of the remedies	Agency failed to correct deficiencies as stated in it's accepted Plan of Correction for participants #7 and #8. Please correct these files and send them to the Survey and Ceritification Team by February 20, 2009.	

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Developmental Disabilities Agency	Hope Developmental Center	1/15/2009
evelopmental Disabilities Agency  The DDA has failed to correct the deficiencies tated in the DDA's accepted plan of correction as verified by the Department, via esurveys. (7-1-06)	Hope Developmental Center	1/15/2009
Scope and Severity: Pattern / No Actual Harm - Potent	al for Minimal Harm	Date to be Corrected: Administrator Initials: (W)
	Category/Findings	Plan of Correction (POC)
Rule Reference/Text 16.04.11.600.01.e	Assessments	1. We will correct the cited participants' current developmental
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)	it was noted in 3 of 3 participant's files (Participants #4, #5 and #6) that the therapy hours need to be separated into individual and group units.	evaluations to separate recommended therapy hours into center-based group, center-based individual, community-based group, and community-based individual training hours.  2. We will check all participants' developmental evaluations for this problem and correct as needed.  3. The person who wrote the evaluation will make the corrections.

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e. For medical or psychiatric assessments, ormulate a diagnosis. For psychological assessments, formulate a diagnosis and ecommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)		staff training has occurred; assurance program checks	evaluation template is corrected; and in the future agency quality will detect and correct problems. I 23, 2009; other participants-July 23,
Senno and Squaretty. Widespread / No Actual Harm - Po	otential for Minimal Harm	Date to be Corrected:	Administrator Initials: St.
Scope and Severity: Widespread / No Actual Harm - Po			
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.600.03	Assessments	1. Professional who wrote	the assessment will sign, date, and
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate	Participant #2's comprehensive assessment was not signed by the professional completing the assessment.	credential the assessment.  2. The Developmental Specialists will check each participant's developmental assessment to make sure of required signatur 3. The Developmental Specialist who wrote the assessment.  4. Staff training has occurred and and in the future agency quality assurance program checks will detect and correct problems.  5. Sample participants-April 23, 2009; other participants-July 2009.	

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Senno and Seventry. Isolated / No Actual Harm - Potent	ial for Minimal Harm	Bate to be Corrected:	Administrator Initials:	aw
Scope and Severity: Isolated / No Actual Harm - Potent			principles of actor as other.	1-
Ruis Reference/Text	Category/Findings	Plan of Correction (POC)		
16.04.11.602.01  602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1- 06) 01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)	Assessments Psychological evaluation for participant #5 is dated 2005. This participant is taking behavior modifying medications. A new evaluation needs to be completed.	participant and was done 1. recommendations impleme 2. Developmental Specialist psychiatric diagnosis and/o medications, whether the reand a copy is in file, and if n 3. The Developmental Spec 4. Program Director has ma appointments for evaluation to facilitate compliance, an	ts will review each participant or use of behavior modifying equired evaluation has been o not, obtain the required evalua	t file for done ation. needed change

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Stages and Severity: Isolated / No Actual Harm – Potential for Minimal Harm  Rule Temperature   Statement   Statem	Developmental Disabilities Agency	Hope Developmental Center		1/	15/200
Ride Reference/Text  16.04.11.605.05  Assessments  605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)  05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)  1. The missing baselines will be determined from current levels from program data.  2. Participants' program plans will be checked for correct baseline information. Other missing baselines (if any) will be determined from current level from program data.  3. Developmental Specialist.  4. Staff training has occurred, and in the future agency quality assurance program checks will detect and correct problems.  5. Sample participants-April 23, 2009; other participants-July 2.					
16.04.11.605.05  Assessments  Assessments  Massessments  Assessments  Massessments  Ma	Scope and Severity: Isolated / No Actual Harm - Poter			Administrator Initials:	gu
605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)  05. Determine Baselines. Be used to determine baselines and develop the program baselines and develop the program implementation plan. (7-1-06)  15. Determine Baselines and develop the program implementation plan. (7-1-06)  16. Determine Baselines. Be used to determine baselines were used to determine baselines information. Other missing baselines (if any) will be determined from current level from program data.  16. Developmental Specialist.  17. Staff training has occurred, and in the future agency quality assurance program checks will detect and correct problems.  18. Staff training has occurred, and in the future agency quality assurance program checks will detect and correct problems.	Ruio Reference/Text	(02:03:01)			
	16.04.11.605.05  605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)  05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)	There was no documentation that skill assessments were used to determine baselines for participant #1 and #2. No baselines were	from program data.  2. Participants' program plans will baseline information. Other missi determined from current level from 3. Developmental Specialist.  4. Staff training has occurred, and assurance program checks will discussed by the sample participants-April 23, 2	l be checked for correct ing baselines (if any) wi im program data. I in the future agency q etect and correct proble	ll be uality ems.

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Seons and Couarity. Pattern / No Actual Harm - Potent	iol for Minimal Harm	Bate to be Corrected: Administrator initials: 940)
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Rule Reference/Text		Plan of Correction (PCC)  1. Addendum request is in process for this participant.
16.04.11.700.05  700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these	Documentation of Plan Changes  Services were removed from plan for participant #4 (#8A, #8B and #3B). File did not contain an addendum.	<ol> <li>Addenotin request is in process for this participant.</li> <li>A record check will be completed for each participant to compare current objectives with ISP; if discrepancies are discovered, corrections will be made by adding/deleting objectives or seeking an addendum to the ISP.</li> <li>Developmental Specialist.</li> <li>Staff training has occurred — we have had some confusion interpreting the rule regarding program plan changes that need an addendum, and in the future agency quality assurance program checks will detect and correct problems.</li> <li>Sample participants-April 23, 2009; other participants-July 23, 2009.</li> </ol>

Thursday, January 22, 2009

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Developmental Disabilities Agency	Hope Developmental Center	1/15/2009
Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)		
Scope and Severity: Isolated / No Actual Harm - Potent		Bate to be Corrected: Administrator initials: 444 Plan of Correction (POC)
	Category/Findings Assessments	The missing baselines will be determined from current levels
703. PROGRAM IMPLEMENTATION PLAN	Baseline statements were missing on several programs for participants #1 and #2.	from program data - see 16.04.11.605.05 above, and other baseline problems such as congruence between baseline and objective criteria or baselines of 0% will be reviewed and

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requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)			
Scope and Severity: Widespread / No Actual Harm - Po		Date to be Corrected: Administrator Initials: qui	
Eule Reference/Text 16,04,11,703,07	Category/Findings Assessments	As noted, the evaluation had been done but had not been	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)	Participant #3 has two mental health diagnoses. A psychological assessment still has not been completed for this participant.  THIS IS A REPEAT DEFICIENCY CORRECTED AT TIME OF SURVEY.	released to us; the psychologist did release it and it is in participant's file and recommendations implemented.  2. Developmental Specialists will review each participant file psychiatric diagnosis and/or use of behavior modifying medications, whether the required evaluation has been don and a copy is in the file, and if not, obtain the required evaluation.  3. The Developmental Specialist.  4. Program Director has made a yearly calendar to track nee appointments for evaluations and updates as a systems chat to facilitate compliance, and in the future agency quality assurance program checks will detect and correct problems  5. July 23, 2009.	

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Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-06)		
Scope and Severity: Isolated / No Actual Harm - Potenti	ial for Minimal Harm	Date to be Corrected: Administrator initials: w
Ruie Reference/Text	Category/Findings	Plan of Correction (POC)
	Record Requirements  For participant #6, tracking sheet showed too many variables being measured to sufficiently show progress.	<ol> <li>This particular program implementation plan/data collection will be revised to meet the rule.</li> <li>We will review all the participant files — objectives and program implementation plans — to identify and correct this deficiency.</li> <li>Developmental Specialists.</li> <li>Staff training regarding writing objectives, program implementation plans, and data collection systems; and in the future agency quality assurance program checks will detect and correct problems.</li> <li>Sample participants-April 23, 2009; other participants-July 23, 2009.</li> </ol>

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PAGE 12/12 \* RCVD AT 3/16/2009 3:31:47 PM [Mountain Daylight Time] \* SVR:DHWRIGHTFAX/0 \* DNIS:1811 \* CSID:208 4598588 \* DURATION (mm·ss):05-12